CITY BUSI

	For Department Use Only:	
OF CROSSVILLE, TENNESSEE	Date Received:	
NESS LICENSE APPLICATION	Account #:	
INESS AT THIS LOCATION:	Receipt #:	
INESS AT THIS LOCATION.	Classification:	

OPENING DATE OF BUSINESS AT THIS LOCAT	TON:	Classification:
EXACT BUSINESS NAME AND LOCATION:	BUSINESS MAILING ADDRESS:	
Name:	Name [.]	
Name: (Give trade name at this location)	(enter corpora	te name, if applicable)
Street: (Do not use P.O. Box)	Address:	
Phone Number:	Ownership Type:	Sole Partnership Partnership Corporation LLC Other
dentify owners, officers and/or partners:		
Describe the exact business activity at this location, stating to the business: Is the business: Retail Wholesale Both Month of the business: Wholesale: If both retail and wholesale: Wholesale: Wholesale: THIS APPLICATION MUST BE RECEIVED WITH	lanufacturer Amusement	Service (circle one)
BUSINESS OR PENALTY AND INTEREST APPLY.	<u> 20 5/110 1110 1</u>	JOHN LIVE LIVE DAVIE OF
Minimum Fee		\$ 15.00
Penalty (5% for each 30 days or fraction thereof, no		
Interest (%) per annum from delinquent date un		
Recording Fee		<u>5.00</u>
<u>TOTAL PAYMENT DUE,</u> MAKE CHECK PAYABLE TO TH	E CITY OF CROSSVILLE.	\$
THE STATEMENTS MADE IN THIS APPLICATION ARE TR (This application must be signed by the individual/owner, or		
BY:	Title	Date

MAIL TO: Sally Oglesby, City Clerk, City of Crossville, 99 Municipal Avenue, Crossville, TN 38555